

AUTO CR - LOG SUMMARY #1075932

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
It is reported that the involved officer responded to a call of a person wanted for retail theft. It is reported that the subject fled and the involved officer deployed his Taser but missed the target. The subject was arrested and taken into custody after a brief foot chase. [REDACTED]	(None Entered)		

Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	BANKS, YOLANDA L	2328	[REDACTED]	003 /	SERGEANT OF POLICE	F	BLK	

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. of Occurrence	Location Code	Location Description
30-JUN-2015 05:15 - 30-JUN-2015 05:15	[REDACTED]	322	003	092 - ALLEY	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation

Other Involved Parties

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD	Victim/Subject	[REDACTED]				M	BLK	[REDACTED]	
CPD Employee	Involved Member	DEMIROVIC, DERVIS	15664	[REDACTED]	003 /	POLICE OFFICER	M	WHL	[REDACTED]

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship

Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

Incident Category List

Incident Category	Primary?	Initial?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y	Y
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	N	Y

Investigator History

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	27-AUG-2015 04:55	STOUTENBOROUGH, ANDREA	SUPERVISING INV COPA	113 /	No allegations of misconduct.
CLOSED AT C.O.P.A.	27-AUG-2015 04:54	STOUTENBOROUGH, ANDREA	SUPERVISING INV COPA	113 /	
PENDING ASSIGN TEAM	06-JUL-2015 09:16	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	02-JUL-2015 10:56	NUFIO, OSCAR	INVESTIGATOR I COPA	113 /	
PRELIMINARY	30-JUN-2015 10:45	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PRELIMINARY	30-JUN-2015 06:11	NUFIO, OSCAR	INVESTIGATOR I COPA	113 /	

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					NUFIO, OSCAR	30-JUN-2015 06:11			
	DOCUMENTS - INTAKE INCIDENT		5	[REDACTED]	N	NUFIO, OSCAR	02-JUL-2015 10:56	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2		N	NUFIO, OSCAR	02-JUL-2015 10:56	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1		N	NUFIO, OSCAR	30-JUN-2015 10:47	APPROVED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments

Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments

FACE SHEET (Notification Date: 30-JUN-2015) - LOG #1075932

TYPE: INFO

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	BANKS, YOLANDA L	2328	[REDACTED]	003 /	SERGEANT OF POLICE	F	BLK		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
30-JUN-2015 05:15 - 30-JUN-2015 05:15	[REDACTED]	0322	003	092 - ALLEY	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation

Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	N

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	30-JUN-2015 18:11	NUFIO, OSCAR	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
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EVIDENCE SYNC
TASER Information

Serial 22230061Y
Model TASER X2
Firmware Version Rev. 04.010
Application Version 3.13.4
Health Good

Offline Report

Local Timezone Central Daylight Time (UTC -05:00)
Generated On 30 Jun 2015 19:32:12

Dates from : Tue Jun 30 13:00:00 2015 to : Tue Jun 30 20:00:00 2015
Device (X2)

Seq #	Local Time (dd-MMM-YYYY HH:MM:SS)	Event (Event Type)	Cartridge Info (Qty: length in millimeters)	Duration (Seconds)	Temp (Degrees Celsius)	Batt Remaining (%)
3350	30 Jun 2015 15:14:16	Armed	C1: Deployed C2: 25 Standard		23	92
3351	30 Jun 2015 15:14:19	Arc	C1: Deployed C2: 25 Standard	1		92
3352	30 Jun 2015 15:14:20	Safe	C1: Deployed C2: 25 Standard	4	23	92
3353	30 Jun 2015 17:13:23	Armed	C1: 25 Standard C2: 25 Standard		24	92
3354	30 Jun 2015 17:13:26	Trigger	C1: Deployed	3		92
3355	30 Jun 2015 17:13:29	Safe	C1: Deployed C2: 25 Standard	5	24	92
3356	30 Jun 2015 18:48:29	USB Connected				
3357	30 Jun 2015 18:52:23	Time Sync	30 Jun 2015 18:51:56 to 30 Jun 2015 18:52:23			
3358	30 Jun 2015 18:53:29	Time Sync	30 Jun 2015 18:53:29 to 30 Jun 2015 18:53:29			
3359	30 Jun 2015 18:57:00	Time Sync	30 Jun 2015 18:57:01 to 30 Jun 2015 18:57:00			
3360	30 Jun 2015 19:29:40	Time Sync	30 Jun 2015 19:29:40 to 30 Jun 2015 19:29:40			

CHICAGO POLICE DEPARTMENT

ARREST REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653

(For use by Chicago Police Department Personnel Only)

CPD-11. 420C (REV. 6/30)

FINAL APPROVAL

CB #:

IR #:

YD #:

RD #:

EVENT #:

ARREST REPORTING				
OFFENDER	Name: [REDACTED] Race: [REDACTED] Unknown DOB: [REDACTED] AGE: 33 years POB: Illinois ARMED WITH: Unarmed	Beat: 322	Male Black 5' 05" 169 lbs Brown Eyes Black Hair Bald Hair Style Medium Complexion	[REDACTED]
INCIDENT	Arrest Date: 30 June 2015 17:19 Location: [REDACTED] 303 - Sidewalk Holding Facility: District 003 Lockup Resisted Arrest? Yes	TRR Completed? Yes Beat: 322	Total No Arrested: 1 Co-Arrests DCFS Ward? No Dependent Children? No	Assoc Cases
CHARGES	1 Offense As Cited 720 ILCS 5.0/31-1-A RESISTING/OBSTRUCT/PC OFF/CORR EMP/FRFTR Class A - Type M	Victim State Of Illinois, Demirovic 15664		
	2 Offense As Cited 720 ILCS 5.0/16-25-A-1 RETAIL THEFT/DISP MERCH/<\$300 Class A - Type M	[REDACTED]		
FELONY REVIEW	Felony Review : Denied	30 JUN 2015 22:21	Ramirez,	State's Attorneys's Office
RECOVERED NARCOTICS	NO NARCOTICS RECOVERED			

ARREST REPORTING

WARRANT

NO WARRANT IDENTIFIED

NON-OFFENDER(S)

VICTIM AND COMPLAINANT

Name: STATE OF ILLINOIS, Demirovic 15664
Res: 7040 S Cottage Grove Ave
Chicago, IL 60637
312-747-8201

Beat:321

Injured? No Deceased? No

Hospitalized? No

Treated and Released? No

DOB:

Age:

Comments:

ARRESTEE VEHICLE

NO ARRESTEE VEHICLE INFORMATION ENTERED

PROPERTIES

Confiscated Properties :

All confiscated properties are recorded in the e-Track System. This system can be queried by the inventory number to retrieve all official court documents related to evidence and/or recovered properties.

PROPERTIES INFORMATION FOR [REDACTED]

NOT AVAILABLE IN THE AUTOMATED ARREST SYSTEM.

ARREST REPORTING

INCIDENT NARRATIVE

(The facts for probable cause to arrest AND to substantiate the charges include, but are not limited to, the following)

EVENT [REDACTED] IN CUSTODY FOR RETAIL THEFT/DISP <300 AND RESISTING/OBSTRUCT/PC OFF/CORR EMP/FRFTR. A/O'S RESPONDED TO A PERSON WANTED AT THE ABOVE LOCATION FOR THEFT UNDER RD# [REDACTED] UPON ARRIVAL A/O'S OBSERVED THE OFFENDER SITTING ON CURB BY THE FRONT DOOR OF THE BUSINESS SMOKING A CIGARETTE. A/O' PARKED THE MARKED POLICE VEHICLE ON THE OTHER SIDE OF THE ENTRANCE AND WALKED UP TO THE OFFENDER. AS A/O'S APPRAOCHED THE OFFENDER HE STOOD UP. A/O'S REQUESTED FROM THE OFFENDER TO PUT DOWN HIS CIGARETTE. OFFENDER PUT THE CIGARETTE IN HIS MOUTH AND INHALED AND THEN THE OFFENDER TOOK OFF RUNNING. A/O'S GAVE CHASE AFTER THE OFFENDER. WHEN THE OFFENDER TURNED NORTH BOUND IN THE ALLEY BETWEEN INDIANA AV. AND MICHIGAN AV. A/O'S DEMIROVIC #15664 DEPLOYED HIS TASER. THE TASER MISSED THE OFFENDER WHO RAN WEST BOUND THROUGH THE YARDS. IN THE PROCESS OF THE OFFEDNER JUMPING FENCES HIS SHIRT WAS CAUGHT ON TOP OF THE FENCE. THE OFFENDER TOOK THE SHIRT OFF AND KEPT RUNNING NORTH BOUND ON MICHIGAN. AFTER A SHORT CHASE AN EMERGENCY TAKEDOWN WAS PERFORMED AND THE OFFENDER WAS IN CUSTODY AT THE ABOVE LOCATION. TRACER NUMBER [REDACTED] IPRA WAS NOTIFIED AT 1812HRS. CPIC SANDERS #10507 NOTIFIED AT 1814HRS. SSL #16. PRISONER PERSONAL INVENTORY NUMBER [REDACTED] OFFEDER IS A DOCUMENTED GANG MEMBER.

COURT INFO

Desired Court Date: 04 August 2015
 Branch: 35-2 727 E 111TH ST - Room
 Court Sgt Handle? No
 Initial Court Date: 01 July 2015
 Branch: 35-2 727 E 111TH ST - Room
 Docket #:

BOND INFO

BOND INFORMATION NOT AVAILABLE

REPORTING PERSONNEL

ATTESTING OFFICER:

I hereby declare and affirm, under penalty of perjury, that the facts stated herein are accurate to the best of my knowledge, information and/or belief.

Attesting Officer: #15664 DEMIROVIC, D [REDACTED] 30 JUN 2015 22:27

ARRESTING OFFICER(S):

1st Arresting Officer: #15664 DEMIROVIC, D [REDACTED])
 2nd Arresting Officer: #14535 OROPEZA, P J [REDACTED])

Beat

0322

0322

APPROVING SUPERVISOR:

Approval of Probable Cause : #2032 KLAMERUS, E J [REDACTED] 30 JUN 2015 22:36

ARREST PROCESSING REPORT

LOCKUP KEEPER PROCESSING

INTERVIEW LOG

VISITOR LOG

Holding Facility: District 003 Lockup
 Received in Lockup: 30 June 2015 22:43
 Prints Taken: 30 June 2015 22:45
 Palmprints Taken: Yes
 Photograph Taken: 30 June 2015 22:51
 Released from Lockup: 01 July 2015 05:25

Time Last Fed: 30 June 2015 22:53
 Time Called: Phone#:
 Cell #: A-1 - Placed in one person cell
 Transport Details : 2PO 0312 30-JUN-2015 17:23

VISUAL CHECK OF ARRESTEE

Is there obvious pain or injury? No
 Is there obvious signs of infection? No
 Under the influence of alcohol/drugs? No
 Signs of alcohol/drug withdrawal? No
 Appears to be despondent? No
 Appears to be irrational? No
 Carrying medication? No

ARRESTEE QUESTIONNARIE

Presently taking medication? No
 (if female) are you pregnant? No
 First time ever been arrested? No
 Attempted suicide/serious harm? No
 Serious medical or mental problems? No
 Are you receiving treatment? No
 Transgender/intersex/gender non-conforming? No
 Deaf/hard of hearing-request interpreter for court? No
 Interpreter needed? (indicate language) No

RETURN TO HOLDING FACILITY COMMENTS:

QUESTIONNAIRE REMARKS:

LOCKUP KEEPER COMMENTS:

EMERGENCY CONTACT

Name : REFUSED

Res:

Beat:

NO INTERVIEWS LOGGED

NO VISITORS LOGGED

ARREST PROCESSING REPORT

MOVEMENT LOG

MOVEMENT LOG INFORMATION NOT AVAILABLE

WC COMMENTS

Watch Commander Comments:

REL w/o CHARGING

DOES NOT APPLY TO THIS ARREST

PROCESSING PERSONNEL

ARRESTEE PROCESSING PERSONNEL:

Beat

Searched By: JACKSON, F L [REDACTED]
Lockup Keeper: BROOKS, L W [REDACTED]
Fingerprinted By: BROOKS, L W [REDACTED]

APPROVAL PERSONNEL:

Beat

Final Approval of Charges : #2032 KLAMERUS, E J [REDACTED] 01 JUL 2015 00:18

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 30-JUN-2015		TIME 17:17:00	2. ADDRESS OF OCCURRENCE [REDACTED]				3. LOCATION CODE 092	4. BEAT/OCCUR 0322																																																																										
MEMBER INVOLVED SUBJECT INFORMATION	5. POSITION 9161	6. LAST NAME DEMIROVIC	7. FIRST NAME DERVIS	8. STAR NO. 15664	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE [REDACTED]	12. HT. 510	13. WT. 170																																																																									
	14. DATE OF APPT. 05-OCT-2012	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 003 0322	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																																																																												
	20. LAST NAME [REDACTED]	21. FIRST NAME [REDACTED]	22. M.I. [REDACTED]	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. [REDACTED]	26. HT. 505	27. WT. 169																																																																										
	28. TELEPHONE NO. [REDACTED]			29. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	30. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	31. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized	32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 05 Refused Medical Aid																																																																											
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? 34. BY WHOM? 35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized																																																																																	
	36. CHARGES PLACED 720 ILCS 5.0/16-25-A-1, 720 ILCS 5.0/31-1-A																																																																																	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">PASSIVE RESISTER</th> <th colspan="2">ACTIVE RESISTER</th> <th colspan="2">ASSAILANT:ASSAULT</th> <th colspan="2">ASSAILANT:BATTERY</th> <th colspan="2">ASSAILANT:DEADLY FORCE</th> </tr> </thead> <tbody> <tr> <td rowspan="3" style="writing-mode: vertical-rl; transform: rotate(180deg);">SUBJECT'S ACTIONS</td> <td>DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/></td> <td>FLED <input checked="" type="checkbox"/></td> <td>IMMINENT THREAT OF BATTERY <input type="checkbox"/></td> <td>ATTACK WITH WEAPON <input type="checkbox"/></td> <td>USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/></td> </tr> <tr> <td>STIFFENED (DEAD WEIGHT) <input type="checkbox"/></td> <td>PULLED AWAY <input checked="" type="checkbox"/></td> <td>OTHER _____</td> <td>ATTACK WITHOUT WEAPON <input type="checkbox"/></td> <td>WEAPON <input type="checkbox"/></td> </tr> <tr> <td>OTHER _____</td> <td>OTHER _____</td> <td>OTHER _____</td> <td>OTHER _____</td> <td>OTHER _____</td> </tr> <tr> <td rowspan="8" style="writing-mode: vertical-rl; transform: rotate(180deg);">MEMBER'S RESPONSE</td> <td>MEMBER PRESENCE <input checked="" type="checkbox"/></td> <td>OPEN HAND STRIKE <input type="checkbox"/></td> <td>ELBOW STRIKE <input type="checkbox"/></td> <td>KNEE STRIKE <input type="checkbox"/></td> <td>FIREARM <input type="checkbox"/></td> </tr> <tr> <td>VERBAL COMMANDS <input checked="" type="checkbox"/></td> <td>TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/></td> <td>CLOSED HAND STRIKE/PUNCH <input type="checkbox"/></td> <td>KICKS <input type="checkbox"/></td> <td>OTHER _____</td> </tr> <tr> <td>ESCORT HOLDS <input type="checkbox"/></td> <td>OC CHEMICAL WEAPON <input type="checkbox"/></td> <td>IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/></td> <td>IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/></td> <td></td> </tr> <tr> <td>WRISTLOCK <input type="checkbox"/></td> <td>CANINE <input type="checkbox"/></td> <td>OTHER _____</td> <td></td> <td></td> </tr> <tr> <td>ARMBAR <input type="checkbox"/></td> <td>TASER (Probe Discharge) <input checked="" type="checkbox"/></td> <td>OTHER _____</td> <td></td> <td></td> </tr> <tr> <td>PRESSURE SENSITIVE AREAS <input type="checkbox"/></td> <td>TASER (Contact Stun) <input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CONTROL INSTRUMENT <input type="checkbox"/></td> <td>TASER (Spark Displayed) <input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/></td> <td>OTHER _____</td> <td></td> <td></td> <td></td> </tr> <tr> <td>OTHER _____</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT:ASSAULT		ASSAILANT:BATTERY		ASSAILANT:DEADLY FORCE		SUBJECT'S ACTIONS	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	FLED <input checked="" type="checkbox"/>	IMMINENT THREAT OF BATTERY <input type="checkbox"/>	ATTACK WITH WEAPON <input type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>	PULLED AWAY <input checked="" type="checkbox"/>	OTHER _____	ATTACK WITHOUT WEAPON <input type="checkbox"/>	WEAPON <input type="checkbox"/>	OTHER _____	MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/>	OPEN HAND STRIKE <input type="checkbox"/>	ELBOW STRIKE <input type="checkbox"/>	KNEE STRIKE <input type="checkbox"/>	FIREARM <input type="checkbox"/>	VERBAL COMMANDS <input checked="" type="checkbox"/>	TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>	CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>	KICKS <input type="checkbox"/>	OTHER _____	ESCORT HOLDS <input type="checkbox"/>	OC CHEMICAL WEAPON <input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		WRISTLOCK <input type="checkbox"/>	CANINE <input type="checkbox"/>	OTHER _____			ARMBAR <input type="checkbox"/>	TASER (Probe Discharge) <input checked="" type="checkbox"/>	OTHER _____			PRESSURE SENSITIVE AREAS <input type="checkbox"/>	TASER (Contact Stun) <input type="checkbox"/>				CONTROL INSTRUMENT <input type="checkbox"/>	TASER (Spark Displayed) <input type="checkbox"/>				OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>	OTHER _____				OTHER _____								
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39. * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]					40. ADDITIONAL INFORMATION																																																																													
POSITION		STAR NO.	UNIT																																																																															
41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER			42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 01 Daylight		44. WEATHER CONDITIONS CLEAR																																																																											
45. MAKE/MANUFACTURER			46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE																																																																											
49. TASER DART ID NO. C6200APPX		50. WEAPON SERIAL NO. (Include Letters) ZZX30061Y		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.																																																																										
54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 1		58. TOTAL NO. OF SHOTS MEMBER FIRED																																																																										
59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER			60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)																																																																											
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW			64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD					65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																																																																										
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)					67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.																																																																													
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN					69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																																																																													
70. EVENT NO. [REDACTED]																																																																																		
71. R.D. NO. [REDACTED]																																																																																		
72. CASE INFO. NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input checked="" type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																																																																																		
73. REPORTING MEMBER (Print Name) DEMIROVIC, DERVIS 30-JUN-2015 22:01:29																																																																																		
74. REVIEWING SUPERVISOR (Print Name) KENNEDY, BRIAN T STAR NO. 1826 SIGNATURE [REDACTED]																																																																																		
DATE REVIEWED 30-JUN-2015 TIME 22:34:38																																																																																		

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED INTERVIEW NOT CONDUCTED (Specify Reason)

The subject stated that he did not comply with the police officers directions because he recently got out of prison and did not want to go back to jail.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on all available data, interviews and reports, R/Lt has concluded that the member's actions were in compliance with department procedures and directives.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS
WERE IN COMPLIANCE WITH DEPARTMENT
PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO/CRNO. _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

BARNES JR, JOE E

SIGNATURE

DATE COMPLETED

TIME

30-JUN-2015 23:54:05

79. TOTAL TRR's THIS EVENT No.

1